

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>N.H.</i>	<i>22192</i>	<i>1/29/00</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>2/10</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>71471</i>	<i>2/28</i>

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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